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030304

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10/792205

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Address to: MS: Patent Application  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a **divisional** of prior Application No. 10/040,106, filed 01/24/01.

Applicant (or identifier): BRODERICK ET AL.

Title: METHOD AND SYSTEM FOR ORDERING CUSTOMIZED  
COSMETIC CONTACT LENSES

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 45 pages
  2. ☒ Drawings - 14 sheets
  3. Declaration and Power of Attorney
    - a. ☐ Newly executed (original or copy)
    - b. ☒ Copy from a prior application (signed or with indication that original was signed)
      - i. ☐ Deletion of Inventors  
Signed statement attached deleting inventor(s) named in the prior application
  4. ☒ Incorporation By Reference  
The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
  5. ☐ Microfiche Computer Program (appendix)
  6. Nucleotide and/or Amino Acid Sequence Submission
    - ☐ Computer Readable Copy
    - ☐ Paper Copy
    - ☐ Statement Verifying Identity of Above Copies
  7. ☒ Preliminary Amendment
  8. ☐ Assignment Papers (Cover Sheet & Document(s))
  9. ☐ English Translation of
  10. ☒ Information Disclosure Statement
  11. ☐ Certified Copy of Priority Document(s)
  12. ☒ Return Receipt Postcard
  13. ☐ Other:
- ☒ The right to elect an invention or species that is different from that elected in parent Application No. 10/040,106 in the event of a restriction or election of species requirement that is identical or substantially similar to that made in said parent application is hereby reserved.

Filing fee calculation:

- ☒ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.

☒ Before calculating the filing fee, please cancel claims 1-34.

Basic Filing Fee							\$	770
Multiple Dependent Claim Fee (\$ 290)							\$	
Foreign Language Surcharge (\$ 900)							\$	
	For	Number Filed		Number Extra		Rate		
Extra Claims	Total Claims	34	-20	14	x	\$	18	= \$ 252
	Independent Claims	8	-3	5	x	\$	86	= \$ 430
TOTAL FILING FEE							\$	1,452

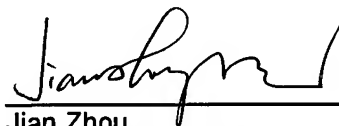
☒ Please charge Deposit Account No. 50-2965 in the name of Ciba Vision in the amount of \$1,452. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 50-2965 in the name of Ciba Vision.

Please address all correspondence to the address associated with Customer No. 31781, which is currently:

Robert J. Gorman, Jr.  
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Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (678) 415-3068.

Respectfully submitted,



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Date: March 3, 2004